

**BEFORE THE  
ADMINISTRATIVE HEARING COMMISSION  
STATE OF MISSOURI**

\_\_\_\_\_, Petitioner

vs.

case no. \_\_\_\_\_

\_\_\_\_\_, Respondent

**COMPLAINT**

[Petitioner's name] appeals the attached decision. In support of this Complaint,  
[Petitioner's name] states:

1. [Facts that support relief]
2. [Law supporting Petitioner's Complaint]
3. [Explanation of how the law applies to the facts]
4. [Explanation of what relief Petitioner wants the Commission to order]

Respectfully submitted,

\_\_\_\_\_  
[Petitioner's name]  
[mailing address]  
[telephone number]  
[fax number]  
[e-mail address]